

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin: 5px 0;">(to be used for all correspondence after initial filing)</p>	Application Number	10/591,162-Conf. #6061
	Filing Date	October 3, 2006
	First Named Inventor	Maik Kindermann
	Art Unit	1624
	Examiner Name	M. L. Berch
	Attorney Docket Number	CV-E-006-PUS
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <div style="margin-left: 20px;"><input type="checkbox"/> Fee Attached</div> <input checked="" type="checkbox"/> Amendment/Reply <div style="margin-left: 20px;"><input type="checkbox"/> After Final</div> <div style="margin-left: 20px;"><input type="checkbox"/> Affidavits/declaration(s)</div> <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <div style="margin-left: 20px;"><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53</div>	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="margin-left: 20px;"><input type="checkbox"/> Landscape Table on CD</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; margin-bottom: 5px;"></div> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	NEW ENGLAND BIOLABS, INC		
Signature	/Harriet M. Strimpel, D.Phil./		
Printed name	Harriet M. Strimpel, D.Phil.		
Date	October 17, 2011	Reg. No.	37,008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).	
Dated: October 17, 2011	Electronic Signature for Harriet M. Strimpel, D.Phil.: /Harriet M. Strimpel, D.Phil./